

ATTACH
VOIDED
CHECK
HERE *

DIRECT DEPOSIT

EMPLOYEES AUTHORIZATION-PLEASE FILL OUT AND RETURN TO THE PAYROLL DEPARTMENT

I authorize you and the Financial Institution listed below to initiate deposit of funds to which I am entitled automatically to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the Financial Institution to return said funds. This authority will remain in effect until I have cancelled it in writing at such time and in such manner as to afford you a reasonable opportunity to act.

☐

Checking Account

☐

Savings Account

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY

STATE

SIGNATURE

DATE

TRANSIT ROUTING NUMBER

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9 DIGITS

ACCOUNT NUMBER INFORMATION

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16 DIGITS (MAXIMUM)

DIRECT DEPOSIT CHANGE REQUEST

EMPLOYEES AUTHORIZATION-PLEASE FILL OUT AND RETURN TO THE PAYROLL DEPARTMENT

☐

I already Direct Deposit, please change to this new account number. EFFECTIVE : _____

☐

I already Direct Deposit please change my bank information and account number. EFFECTIVE : _____

☐

Checking Account

☐

Savings Account

FINANCIAL INSTITUTION

NAME (PLEASE PRINT)

BRANCH

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

CITY

STATE

SIGNATURE

DATE

NEW TRANSIT ROUTING NUMBER

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9 Digits

NEW ACCOUNT NUMBER INFORMATION

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16 DIGITS (MAXIMUM)